

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re:	:	Case No. 19-57186-SMS
	:	
CLARKE'S TOWING &	:	
TRANSPORTATION SERVICE, INC.,	:	Chapter 11
	:	
Debtor.	:	
	:	

DEBTOR'S PERIODIC FINANCIAL REPORT
for the period
JUNE 1, 2019 through JUNE 30, 2019

Comes now the above-named Debtor and files its Periodic Financial Report in accordance with the Guidelines established by the United States Trustee and Bankruptcy Rule 2015.

Reviewed as to form by,
PAUL REECE MARR, P.C.
Attorneys for Debtor

/s/ Paul Reece Marr
Paul Reece Marr
Georgia Bar No. 471230
Suite 960
300 Galleria Parkway, N.W.
Atlanta, GA 30339
770-984-2255

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re: : Case No. 19-57186-SMS
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CLARKE'S TOWING & :
TRANSPORTATION SERVICE, INC., : Chapter 11
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Debtor. :
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CERTIFICATE OF SERVICE

This is to certify that I have on this day electronically filed the foregoing *PERIODIC FINANCIAL REPORT* using the Bankruptcy Court's Electronic Case Filing program, which sends a notice of this document and an accompanying link to this document to the following parties who have appeared in this case under the Bankruptcy Court's Electronic Case filing program:

- David J. Casey Dcaseyatty@msn.com,
Attycasey@bellsouth.net;G2832@notify.cincompass.com
- Thomas Wayne Dworschak thomas.w.dworschak@usdoj.gov,
lisa.maness@usdoj.gov;ltctommyd@aol.com
- Kevin D. Fitzpatrick kevin.fitzpatrick@dcbflegal.com,
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- Lindsay P. S. Kolba lindsay.p.kolba@usdoj.gov,
lisa.maness@usdoj.gov
- James W. Martin james@hpmlawatl.com,
natalie@hpmlawatl.com
- A. Christian Wilson cwilson@simplawatlanta.com,
sscheu@simplawatlanta.com

This the 19th day of July, 2019.

/s/ Paul Reece Marr
Paul Reece Marr
GA Bar No. 471230

Paul Reece Marr, P.C.
Suite 960
300 Galleria Parkway, NW
Atlanta, Georgia 30339
770-984-2255

Fill in this information to identify the case:

Debtor Name Clarke's Towing & Transportation Service, Inc.

United States Bankruptcy Court for the: Northern District of Georgia

Case number: 19-57186-SMS

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: June

Date report filed: 07/18/2019
MM/DD/YYYY

Line of business: Towing, motor vehicle

NAISC code: 488410

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Henry Clarke

Original signature of responsible party

Henry Clarke

Printed name of responsible party

HENRY CLARKE

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

Yes No N/A

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 183.60

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 1407.63

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 1836.24

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

- 428.61
+ \$ 0.00

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 452.28

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 0.00

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0.00
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 2
27. What is the number of employees as of the date of this monthly report? 1

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A Projected	-	Column B Actual	=	Column C Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>2,500</u>	-	\$ <u>1407.63</u>	=	\$ <u>1092.37</u>
33. Cash disbursements	\$ <u>21300</u>	-	\$ <u>1836.24</u>	=	\$ <u>463.76</u>
34. Net cash flow	\$ <u>200</u>	-	\$ <u>-428.61</u>	=	\$ <u>-228.61</u>
35. Total projected cash receipts for the next month:					\$ <u>2,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>1,500.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>500.00</u>

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Questionnaire Answers (No)

3. Have you paid all of your bills on time?

Water bill was not paid and I am past due as of July 12.

4. Did you pay your employees on time?

We are not making enough to pay Henry Clarke who is the president of the company. We will be able to pay him and other workers once the AAA contract goes through.

Questionnaire Answers – Exhibit B

15. Have you borrowed money from anyone or has anyone made any payments on your behalf?

My wife has had to give me money to get the trucks up to par for AAA contract renewal.

Account 9193

Starting Balance 183.6

Ending Balance 452.28

Date	Payee	Deposits
5-Jun	Napa Credit	13.63
11-Jun	Merchant Service	383
12-Jun	Merchant Service	120
13-Jun	Merchant Service	244
19-Jun	Merchant Service	100
24-Jun	Merchant Service	313
28-Jun	Merchant Service	234

Total 1407.63

Cash Disbursements

Date	Payee	Cell Phone Purpose
6/3/2019	T Mobile	118.88 Cellular Service for business
6/27/2019	T Mobile	111.40 Cellular Service for business
TOTAL		230.28

Date	Payee	Fees Purpose
6/11/2019	Regions	36 NSF
TOTAL		36

Date	Payee	Office Purpose
6/3/2019	FedEx	1.44 Print from email
6/10/2019	FedEx	2.16 Print from email
6/24/2019	FedEx	1.44 Print from email

Total		5.04
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Date	Payee	Diesel Expense Purpose
6/6/2019	qt	55.83 Diesel
6/13/2019	SA White	100.33 Diesel
6/14/2019	qt	8.37 Diesel
6/17/2019	qt	65.73 Diesel
6/18/2019	qt	73.50 Diesel
6/26/2019	qt	50.11 Diesel
Total		353.87

Date	Payee	Maintenance Purpose
6/4/2019	napa	18.92 valve core and kit
6/4/2019	napa	13.63 valve core and kit
6/5/2019	full line exhaust	43.34 Parts Cleaner
6/12/2019	advance	64.19 fuel filter
6/12/2019	great american	199.84 fuel filters and grease
6/14/2019	rush truck center	78.89 wheel cylinder repair kit
6/24/2019	great american	29.63 Fuel Filter
6/24/2019	oreilly	20.1 Sand Paper and wire connector for head light
6/25/2019	Javelin Tire	319.99 Tires
Total		788.53

Date	Payee	Equipment Rental Purpose
6/10/2019	ladco / elayon	37.81 rental of equipment
6/14/2019	merchant service adl/fee	154.41 fee for transactions

Total		192.22
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Date	Payee	Office/Repairs Misc Purpose
6/17/2019	Sam	29.78 Office Water
6/17/2019	walmart	31.48 brake fluid and antifreeze
6/20/2019	walmart	32.61 oil
Total		93.87

Date	Payee	Utilities Purpose
6/24/2019	City of Austell	136.43 Water Bill

Total		136.43
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Grand Total		1,836.24
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Regions Bank
 Vinings Smyrna
 1650 Cumberland Parkway SE
 Smyrna, GA 30080

CLARKES TOWING & TRANSPORTATION
 DEBTOR IN POSSESSION
 748 SAN FERNANDO DR SE
 SMYRNA GA 30080-1438

ACCOUNT #

9193

Cycle 060
 Enclosures 26
 Page 0
 1 of 3

LIFEGREEN BUSINESS SIMPLE CHECKING

June 1, 2019 through June 28, 2019

SUMMARY

Beginning Balance	\$183.60	Minimum Balance	\$37 -
Deposits & Credits	\$1,407.63 +	Average Balance	\$272
Withdrawals	\$1,140.76 -		
Fees	\$36.00 -		
Automatic Transfers	\$0.00 +		
Returned Checks	\$37.81 +		
Checks	\$0.00 -		
Ending Balance	\$452.28		

DEPOSITS & CREDITS

06/05	Card Credit Napa Store 1500 5533 Austell GA 30168 9716	13.63
06/11	Merchant Service Merch Dep Clarkes Towing 8033566780	383.00
06/12	Merchant Service Merch Dep Clarkes Towing 8033566780	120.00
06/13	Merchant Service Merch Dep Clarkes Towing 8033566780	244.00
06/19	Merchant Service Merch Dep Clarkes Towing 8033566780	100.00
06/24	Merchant Service Merch Dep Clarkes Towing 8033566780	313.00
06/28	Merchant Service Merch Dep Clarkes Towing 8033566780	234.00

Total Deposits & Credits **\$1,407.63**

WITHDRAWALS

06/03	Card Purchase Tmobile*postpai 4814 800-937-8997 WA 98006 9716	118.88
06/03	Card Purchase Fedex Offic1620 7338 Smyrna GA 30082 9716	1.44
06/04	Card Purchase Napa Store 1500 5533 Austell GA 30168 9716	18.92
06/06	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	55.83
06/10	Card Purchase Fedex Offic1620 7338 Smyrna GA 30082 9716	2.16
06/10	Ladco / Elavon Lease Pmt Clarkes Towing 3047247	37.81
06/12	Ladco / Elavon Retry Pymt Clarkes Towing 3047247	37.81
06/12	PIN Purchase Advance Auto P 5533 Austell GA 9716	64.19
06/14	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	8.37
06/14	Merchant Service Merch Adj Clarkes Towing 8033566780	154.41
06/17	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	65.73
06/18	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	73.50
06/20	PIN Purchase Wal-Mart #1586 5411 Austell GA 9716	32.61

For all your banking needs, please call 1-800-REGIONS (734-4667)
 or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



Thank You For Banking With Regions!

2019 Regions Bank Member FDIC. All loans subject to credit approval.



Regions Bank
 Vinings Smyrna
 1650 Cumberland Parkway SE
 Smyrna, GA 30080

CLARKES TOWING & TRANSPORTATION
 DEBTOR IN POSSESSION
 748 SAN FERNANDO DR SE
 SMYRNA GA 30080-1438

ACCOUNT #

19193

Cycle 060
 Enclosures 26
 Page 0
 2 of 3

WITHDRAWALS (CONTINUED)

06/24	Card Purchase City of Austell 9222 Austell GA 30106 9716	136.43
06/24	Card Purchase Fedex Office 1620 7338 Smyrna GA 30082 9716	1.44
06/24	PIN Purchase Great American 5533 Lithia Spring GA 9716	29.63
06/24	PIN Purchase O'Reilly Auto # 5533 Mableton GA 9716	20.10
06/25	PIN Purchase Javelin Tire S 7538 Atlanta GA 9716	119.99
06/26	PIN Purchase Quiktrip Corp 5542 Mableton GA 9716	50.11
06/27	Card Purchase T-Mobile*postpaid 4814 800-937-8997 WA 98006 9716	111.40
Total Withdrawals		\$1,140.76

FEES

06/11	Returned Item Fee	36.00
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RETURNED CHECKS

06/11	Credit-Returned Ck#58008630261	37.81
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
06/03	63.28	06/12	365.00	06/20	374.38
06/04	44.36	06/13	609.00	06/24	499.78
06/05	57.99	06/14	446.22	06/25	379.79
06/06	2.16	06/17	380.49	06/26	329.68
06/10	37.81 -	06/18	306.99	06/27	218.28
06/11	347.00	06/19	406.99	06/28	452.28

You may request account disclosures containing
 terms, fees, and rate information (if applicable)
 for your account by contacting any Regions office.

Checking
Account

1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ +
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left		

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence

Clarke's Towing and Transportation Service, Inc.

Profit & Loss

June 2019

Ordinary Income/ Expense

Income

Gross Trucking Income 1,407.63

Gross Profits 1407.63

Expense

Diesel Expense 353.87

Cell Phone 230.28

Office Supplies 5.04

Maintenance 788.53

Fees 36.00

Equipment Rental 192.22

Office/Repair Misc. 93.87

Utilities 136.43

Total Expenses 1836.24

Net Ordinary Income - \$428.61

III/INSURANCEHUB
1720 LAKES PARKWAY
LAWRENCEVILLE, GA 30043

PROGRESSIVE
COMMERCIAL

Named insured

CLARKE'S TOWING &
TRANSPORTATION SERVICES,
748 SAN FERNANDO DR
SMYRNA, GA 30080

Policy number: 08462917-1

Underwritten by:
Progressive Mountain Insurance Co
REFERENCE NUMBER: 100001082
June 8, 2019
Policy Period: Jun 14, 2019 - Jun 14, 2020
Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print
policy documents, or check the status of a
claim.

1-770-497-1200

III/INSURANCEHUB

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by June 14, 2019.

Your coverage begins on June 14, 2019 at 12:01 a.m. This policy expires on June 14, 2020 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852GA (07/08), Z433GA (04/08), 2372 (06/10), MCS90 (01/17), Z438 (06/10), 4852GA (04/05), 4881GA (03/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective June 14, 2019

Premium change: \$15,831.00

Changes: Your pay plan information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Policy number: 08462917-1
CLARKE'S TOWING &
Page 2 of 3

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$29,926
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist - Added On			422
Bodily Injury and Property Damage	\$100,000 combined single limit		
Deductible Applies To Property Damage		\$1,000	
On-Hook Legal Liability			698
See Auto Coverage Schedule			
Garagekeepers Legal Liability			482
See Covered Location Schedule			
Subtotal policy premium			\$31,528

Commercial General Liability coverage part

Description	Limits	Premium
Limited General Liability - Towing Services	\$300,000/\$600,000	\$782
Each Occurrence	\$300,000	
General Aggregate	\$600,000	
Products/Completed Operations Aggregate	\$600,000	included
Personal and Advertising Injury	\$300,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
Subtotal policy premium		\$782
Total 12 month policy premium		\$32,310
Discount if paid in full		-4782
Total 12 month policy premium if paid in full		\$27,528

Rated drivers

- HENRY CLARKE
- MICHAEL DUGGER

Auto coverage schedule

1. 2006 UD UD8

VIN: JNAMA80H06AH55080

Garaging Zip Code: 30106

Radius: 100

Liability Premium	Liability	UM/UIM-Add	
	\$15,732	\$211	
Physical Damage Premium	On-Hook LL Limit	On-Hook LL Deductible	On-Hook LL Premium
	\$100,000	\$1,000	\$349
			Auto Total
			\$16,292

Policy number: 08462917-1
CLARKE'S TOWING &
Page 3 of 3

2. **1995 UD U23**

VIN: JNALC20H0SGF50627

Garaging Zip Code: 30106

Radius: 100

Liability Premium	Liability \$14,194	UM/UIM-Add \$211		
Physical Damage Premium	On-Hook LL Limit \$100,000	On-Hook LL Deductible \$1,000	On-Hook LL Premium \$349	Auto Total \$14,754

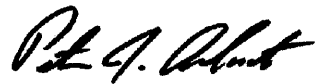
Covered location schedule

	Location Limit	Each auto Deductible	Each occurrence Deductible
1. 1950 ROYAL IND. BLVD, AUSTELL, GA 30106	\$100,000	\$500	\$2,500

Premium discount

Policy 08462917-1	Business Experience
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Company officers



Secretary



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InsuranceHub Agency, LLC 1720 Lakes Parkway Lawrenceville GA 30043		CONTACT NAME: Roxana Gherghel PHONE (A/C, No, Ext): (770) 497-1200 FAX (A/C, No): (770) 814-7187 E-MAIL ADDRESS: coi@insurancehub.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Progressive Mountain	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Clarke's Towing & Transportation Services 748 San Fernando Dr Smyrna GA 30080		NAIC # 35190	

COVERAGES

CERTIFICATE NUMBER: 18-19 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			08462917-0	12/14/2018	06/14/2019	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			08462917-0	12/14/2018	06/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PROPERTY DAMAGE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers			08462917-0	12/14/2018	06/14/2019	Limit \$100,000 Ded/veh/aggregate \$500/\$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

*For Insurance Purposes If you need to be shown as certificate holder
 email: coi@insurancehub.com
 or fax info to 770-814-7187

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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